#### **FEE TRANSMITTAL**

#### Electronic Version v08

Stylesheet Version v08.0

Title of Invention

Sexual Therapy Device

Application Number:

Date:

First Named Applicant: Irina A. Smith

Attorney Docket Number: 001-400

# **TOTAL FEE AUTHORIZED \$ 385**

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

## **BASIC FILING FEE**

Fee Description	Fee Code	Amount \$	Fee Paid \$			
Utility Filing Fee	2001	385	385			
Subtotal For Basic Filing Fees: \$ 38						

## **EXTRA CLAIM FEES**

Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	
Total Claims: 20	0	2202	9	0	
Independent Claims : 2	0	2201	43	0	
Subtotal For Extra Claims Fees: \$ 0					

## **AUTHORIZED BILLING INFORMATION**

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Credit account number: 4005

Expiration Date (YYYYMMDD): 2004-09-30

Authorized name: Jerry Sellman

Billing address: 43209